FORM DES SAINE NIAM Section SEP 1 2 2008

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR FORM LIMITED OFFERING EXEMPTI

| | 1445494 |
|---|--------------------------|
| | OMB APPROVAL |
| į | OMB Number: 3235-0076 |
| | Expires: August 31,2008 |
| | Estimated average burden |
| | hours per response16.00 |

| SEC USE ONLY | | | | | | |
|---------------|--------|--|--|--|--|--|
| Prefix | Serial | | | | | |
| | | | | | | |
| DATE RECEIVED | | | | | | |
| l | 1 | | | | | |

| UNITORM LIMITED OFFERING EARING | |
|---|--|
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | ULOE |
| | |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | A THE PROPERTY OF THE PROPERTY |
| Phage Process Development Partnership, LP | 08059183 |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 1000 Rancho Circle, Las Vegas, Nevada 89107 | 623-256-0503 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) SAME | Telephone Number (Including Area Code) |
| Brief Description of Business | |
| Formed to fund a development agreement with Phage Biotechnology Corporation to develop sales. | , , , |
| Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed | PROCESSED |
| Month Year | |
| Actual or Estimated Date of Incorporation or Organization: 016 018 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada: FN for other foreign jurisdiction) | |
| GENERAL INSTRUCTIONS | CIO . |
| Federal; Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be | . A notice is deemed filed with the U.S. Securities |
| which it is due, on the date it was mailed by United States registered or certified mail to that address. | |
| Where To File: U.S. Secutities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205 | 549. |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or hear typed or printed signatures. | y signed. Any copies not manually signed must be |
| Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied by filed with the SEC. | • • • |
| Filing Fee: There is no federal filing fee. | |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for st ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed. | securities Administrator in each state where sales the exemption, a fee in the proper amount shall |
| ATTENTION — | |
| Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unlessilling of a federal notice. | |

A BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) KJ-2, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Rancho Circle, Las Vegas, Nevada 89107 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) John Laub Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Rancho Circle, Las Vegas, Nevada 89107 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Karen Wenk-Jordan Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Rancho Circle, Las Vegas, Nevada 89107 Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter **Managing Partner** Full Name (Last name first, if individual) GHL Financial Services #1 Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Rancho Circle, Las Vegas, Nevada 89107 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| | | | | | В, 1 | NFORMAT | ION ABOU | T OFFERI | NG | of the company | | | |
|--|--|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|
| 1. | Has the | icener cold | L or does th | ne issuer i | ntend to se | ell to non-a | coredited i | nvestors in | this offer | ina9 | | Yes | No F |
| •• | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | | | | |
| 2. | • | | | | | | | | s 5,1 | 50.00 | | | |
| | Does the offering permit joint ownership of a single unit? | | | | | | | | Yes | No | | | |
| 3. | | | • | | • | | | | | | | K | |
| 4. | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be fisted is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be fisted are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | |
| | Full Name (Last name first, if individual) N/A | | | | | | | | | | | | |
| Bus | siness or | Residence | Address (N | umber and | 1 Street, C | ity, State, 2 | ip Code) | | | | | | |
| Na | me of As | sociated Br | oker or De | aler | | | | | | | <u></u> | | |
| Sta | tes in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Porchasers | | | | | | |
| 014 | | | " or check | | | | | | ********** | | | □ AI | l States |
| | AL IL MT | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |
| Ful | l Name (| Last name | first, if indi | vidual) | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| Bus | siness or | Residence | Address (N | Number an | d Street, C | City, State, | Zip Code) | | | | | - <u></u> - | |
| Na | me of Ass | sociated Br | oker or Des | aler | | | | - | | _ | | | |
| Sta | tes in Wi | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | ··· | | |
| | (Check | "All States | " or check | individual | States) | *************************************** | 449417441446214141 | 1 | ************* | .,,14*1********* | ., | | States |
| | AL IL MT | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |
| Ful | I Name (| Last name | first, if indi | vidual) | | | | | | | | | |
| Bu | siness or | Residence | Address () | Number an | d Street, C | ity, State, | Zip Code) | | | | | | |
| Na | me of Ass | sociated Br | oker or Der | aler | | | | | | | | ···· | , <u>,, , , , , , , , , , , , , , , , , ,</u> |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | | | | | | |
| (Check "All States" or check individual States) | | | | | | | | | | | | | |
| | AL IL MT RT | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | Type of Security | Aggregate Offering Price | Amount Already Sold |
|----|---|-----------------------------|-------------------------------|
| | Debt | . \$ | \$ |
| | Equity | | |
| | Common Preferred | | |
| | Convertible Securities (including warrants) | S | S |
| | Partnership Interests | | \$ 309,000.00 |
| | Other (Specify) | \$ | S |
| | Total | | \$ 309,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| | Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | • | Aggregate |
| | | Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | 3 | \$ 309,000.00 |
| | Non-accredited Investors | | \$ |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | • | D .# |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | • | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ 0.00 |
| 1 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | ; | |
| | Transfer Agent's Fees | | \$ 0.00 |
| | Printing and Engraving Costs | | \$ 0.00 |
| | Legal Fees | | \$_0.00 |
| | Accounting Fees | | \$ 0.00 |
| | Engineering Fees | | \$ 0.00 |
| | Sales Commissions (specify finders' fees separately) | | \$ 0.00 |
| | Other Expenses (identify) Misc. Offering Expenses | | \$_3,000.00 |
| | | | g 3,000.00 |

| | C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES A | nd use of proceeds | |
|-----|--|--|-----------------------|
| | b. Enter the difference between the aggregate offering price given in response to Part C – and total expenses furnished in response to Part C — Question 4.a. This difference is the "a proceeds to the issuer." | udjusted gross | \$10,297,000,00 |
| 5. | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed teach of the purposes shown. If the amount for any purpose is not known, furnish an check the box to the left of the estimate. The total of the payments listed must equal the approceeds to the issuer set forth in response to Part C — Question 4.b above. | estimate and | |
| | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | |
| | Purchase of real estate | | |
| | Purchase, rental or leasing and installation of machinery | | |
| | and equipment | | _ |
| | Construction or leasing of plant buildings and facilities | [] \$ | |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | П\$ | пt |
| | Repayment of indebtedness | | _ |
| | Working capital | - | |
| | Other (specify): | | |
| | | | s |
| | Column Totals | <u>\$ 50,000.00</u> | \$50,000.00 |
| | Total Payments Listed (column totals added) | | 0,000.00 |
| 2 | D. FEDERAL SIGNATURE | | |
| sig | te issuer has duly caused this notice to be signed by the undersigned duly authorized person. Instance constitutes an undertaking by the issuer to furnish to the U.S. Securities and Excha Information furnished by the issuer to any non-accredited investor pursuant to paragraph | If this notice is filed under Runnge Commission, upon writte | le 505, the following |
| Iss | suer (Print or Type) Signature | Date | |
| Ph | hage Process Development Partnership, LP | 08/28/08 | |
| | ime of Signer (Print or Type) 7 LLC Fille of Signer (Print or Type) John Laub, Managing Member | | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)